

CITY OF FIFTY LAKES

Project Completed

ID No: _____

40447 Town Hall Road / Box 125, Fifty Lakes, MN 56448

218-763-3113

www.fiftylakesmn.com

SUBDIVISION APPLICATION

RECODE: _____ INACTIVE: RECODE2: _____
LAST NAME: _____ FIRST NAME: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
OWNER: _____ RELATIONSHIP TO APPLICANT: _____
ADDRESS 2: _____
CITY 2: _____ STATE 2: _____ ZIP 2: _____

LOCATION

RECODE/PARCEL NUMBER: _____

LEGAL DESCRIPTION: _____

TOWNSHIP: _____ RANGE: _____ SEC: _____ QTRSEC: _____ QTRQTRSEC: _____
PLAT: _____ BLOCK: _____ LOT: _____
LAKE NAME: _____ LAKE NUMBER: _____ STREAM NAME: _____
ACREAGE: _____ FIRE NUMBER: _____ ZONING: _____
DIRECTIONS: _____
HOUSE NUMBER: _____ STREET NAME: _____

IS THE PROPOSED SUBDIVISION IN THE SHORELAND AREA? Yes No

TYPE OF SUBDIVISION: _____ NEW ZONING: _____

PLAT NAME: _____

TOTAL ACREAGE: _____ NUMBER OF LOTS: _____

PROPOSED (continued) USE: Residential Agricultural Commercial Other _____

ESTIMATED VALUE OF IMPROVEMENTS: _____

SUPPLEMENTAL SHEETS: Individual Sewage Treatment System Site Evaluation Site Plan w/Lot Size and Setbacks
(Required, if checked) Floor Plan w/Dimensions Elevation Drawings/Ht of Structure
 Receipt of Paid Real Estate Taxes All Easements shown (inside and outside of plat)
 Roads - showing width and cross-section of construction
 Other: _____

All property owners within 350 feet of subject property shall be notified.

Any additional costs the City incurs for this subdivision application shall be reimbursed by applicant.

CITY ACTION PRELIMINARY APPROVAL: _____ DATE: _____

FINAL APPROVAL: _____ DATE: _____

CONDITIONS: _____

NOTES: _____

I, the Applicant, do hereby certify that the above information and that contained in all attachments hereto, are correct to the best of my ability to certify; and that if the subdivision applied for is approved, I will agree to have the work performed thereunder in accordance with the terms of the City Ordinance, its Standards, and any requirements and conditions ordered by the City Council and Zoning Administrator, and all other applicable laws and regulations.

APPLICATION DATE: _____

PERMIT ID: _____ FEE: _____ Signed _____ Applicant

DATE FEE PAID: _____ Signed _____

FEE PAID BY: Check # _____ Cash _____ City Clerk or authorized agent

DATE APPROVED: _____ Signed _____

Zoning Administrator or authorized agent